

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER The Arlington Sun		2. DATE 9-24-2024
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 51	3B. ANNUAL SUBSCRIPTION PRICE \$ 54.98/59.90
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 208 S. Main, PO Box 370, Arlington, Kingsbury County, SD 57212-0370		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) RFD Newspapers, Inc., 203 Kasan Ave., PO Box 18, Volga, SD 57071-0018		
6. FULL NAME OF PUBLISHER: Ken Reiste		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">FULL NAME</p> <p>RFD Newspapers, Inc., Ken Reiste</p> </div> <div style="width: 45%;"> <p style="text-align: center;">COMPLETE MAILING ADDRESS</p> <p>PO Box 830, Clear Lake, SD 57226-0830</p> </div> </div>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) None		

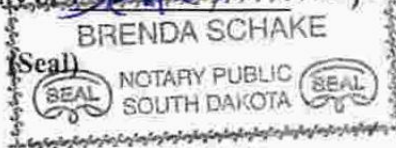
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	450	450
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	51	50
2. Mail Subscription (Paid and or requested)	285	280
3. Paid Electronic Copies	15	17
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	351	347
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	0	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	10	10
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	361	357
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	89	93
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	450	450

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Ken Reiste
(Signature)

owner
(Title)

State of South Dakota)

County of *Deuel*)

 BREND A SCHAKE
 NOTARY PUBLIC
 SOUTH DAKOTA

Sworn to before me this *24* day of *Sept.* 20*24*

Brenda Schake
Notary Public

My commission expires: *9-21-27*